INDUSTRIAL HEALTH CARE.

A Group of Johannesburg Doctors

Following the publication of the findings of the Erasmus Commission of Enquiry into Industrial Health in 1976 and the SALRDU/SAMST conference on the economics of health care in Southern Africa (Cape Town, September 1978) attention has been focused on industrial health care in South Africa. Studying these proceedings it becomes clear that the state of industrial health in South Africa is very unsatisfactory and that very little has been done either on a practical or a theoretical level in this respect. Enforcement of such legislation as does exist is inadequate and we contend that it cannot improve unless there is direct worker participation in the control of industrial health. As long as the onus for industrial health falls on management and the state, it will be governed by the motives of profit and productivity and not by real health interests as perceived by workers.

THE UNSATISFACTORY PRESENT SITUATION.

1. At present, legislation covering industrial health is largely inadequate and implementation severely limited. There are at least 32 Acts governing industrial health which fall under 12 different government departments. Because of a lack of co-ordination of the laws, there are workers who are unprotected by any legislation; maximum concentrations of noxious substances are not standardized etc. Also there is an inadequate staff to implement and police

these laws - e.g. 32 factory inspectors for 30 000 factories in 1974.

2. There is a tendency in South Africa to narrow the concept of industrial health to that of occupational disease and not to include industrial accidents. Such a separation was made by the Erasmus Commission. This is in opposition to international trends - as shown by the Occupational Safety Health Act of 1970 (USA) and the English Health and Safety at Work etc. Act of 1974 - which aim to provide for one comprehensive and integrated system of law dealing with health and safety of the public as affected by work activities. What has developed in South Africa is a false complacency about industrial health in certain spheres. For example, the Erasmus Commission felt that the position with regard to health on the mines was satisfactory while it was aware that in 1974 there were 500 deaths and 22 222 workers injured in accidents on the mines.

3. One consequence of the lack of representation of workers' interests in respect of industrial health is that good industrial health schemes are rare. One example is the service run by AE&CI at their Modderfontein factory. It comprises:-

(a) A well equipped hospital able to handle acute and elective medical and surgical problems.

(b) Clinics dealing with industrially-related health problems e.g. hypertension. Patients are identified mainly by "on-the-job" screening done by nursing sisters throughout the complex.

(c) Surveillance of toxic substances amongst "at risk" workers.

(d) Several first aid stations.

(e) Emergency rooms in every plant; emergency training drills are mandatory throughout the complex.

Regular environment health and safety inspections are carried out by representatives of management.

Although this scheme is far superior to other industrial health programmes in South Africa, and very few such programmes exist, it can be criticized on the following ground:-

i. The absence of worker-representation on safety inspections.

ii. The absence of channels through which workers can register complaints about working conditions and hazards.

iii. The lack of formal worker-education programmes on factory health dangers.

iv. The lack of direct control by workers of the medical scheme. The scheme is under the control of and dependent on management.

WORKER PARTICIPATION IN INDUSTRIAL HEALTH.

As a result of the Erasmus Commission new legislation dealing with industrial health will be enacted. This legislation can only be effective if it provides for workers'-participation, a principle accepted by the Erasmus Commission in only a limited measure: "After all if mutual trust is to be achieved, there must be some level at which employer and employee may meet to consider the employee's work environment and health. How these committees are constituted may for the time being be left to the discretion of management. Whatever the organisation may be that is created, it should be capable of discharging the legal obligation which the commission proposes to impose upon employers, namely that of consulting their workers on industrial health

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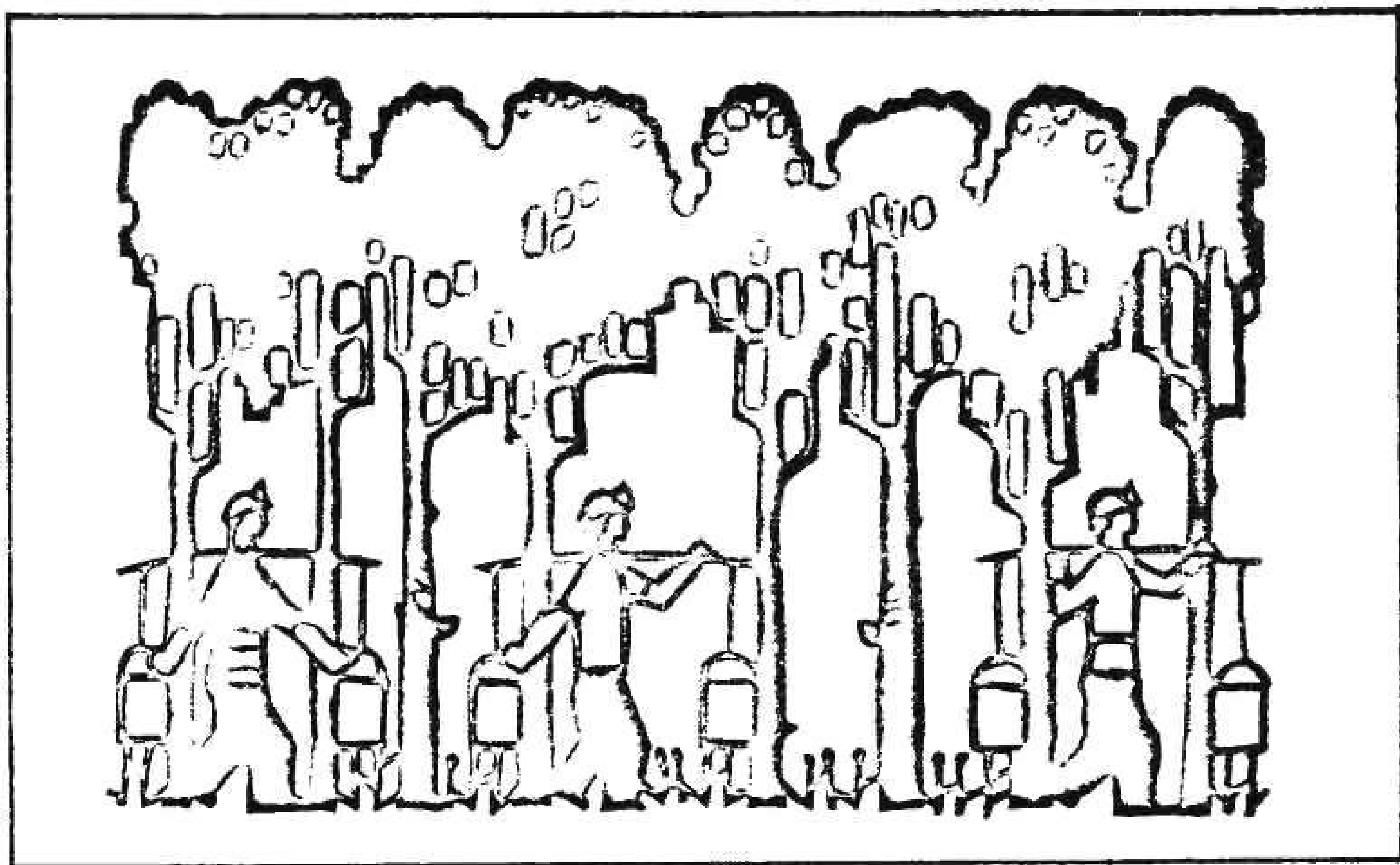

matters."

Normally this role is fulfilled by trade unions. Where trade-unions are recognised for all workers, participation can be ensured in the following ways:-

1. Health officers or committees in factories are elected by the workers themselves.
2. These officers or committees have free access to factories, workers and records.
3. They work in co-operation with doctors and experts appointed by the trade-unions who also have access to factory workers.
4. These committees have powers of inspection and enforcement recognised by law.
5. A national organisation representing workers has the power to lay down standards and conditions in relation to industrial health.
6. Worker -organised preventive industrial health education makes workers aware of the hazards to which they are exposed.
7. Worker-controlled health schemes deal not only with specific occupational diseases and industrial accidents but also with industrially related health problems such as TB, hypertension and mental health.

The recognition of trade unions for all workers is unlikely in South Africa in the near future. This consideration must be given to the nature of the bodies which can fulfil the recommendations of the Erasmus Commission that the management of any industrial undertaking should be obliged to consult workers or their representatives on industrial health issues and working conditions and to grant them a hearing when they have complaints.

One suggestion is that there be worker-elected committees, working with the advice of suitably

medically qualified people, which could:

(a) Negotiate with management on industrial health issues and on the enforcement of industrial safety measures.

(b) Help in the education of workers about the problems of safety and occupational diseases.

(c) Form the basis of a general co-operation between workers on health matters.

The success of such committees would depend on:-

i. The awareness of workers of the health problems they face in the factory.

ii. The extent to which the committees are truly representative of the workers and their support amongst workers.

It is possible to envisage the establishment of these committees within the present legislative framework.

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This article has been reprinted from the South African Labour Bulletin, Vol. 4, No. 9 and 10, March 1979.